



Public Forum

Protecting Your Health

The Bureau of Health Professions

▪ MICHIGAN DEPARTMENT OF COMMUNITY HEALTH ▪ FALL 2008 ▪ VOLUME 2 ▪ ISSUE 3

The Future of Health Care

Have you ever wondered what health care will be like in the future or imagined a world where cancer, paralysis and diabetes cease to exist? Or maybe you have wondered when you could have surgery without a single incision, or carry a card that contains your complete health record and a copy of your DNA on a small computer chip.

Computer technology and advances in biology and medical technology are rapidly improving the way health care is delivered. Hardly a day goes by when we don't hear about new research or advances in such areas as therapy involving stem cells, robots the size of molecules that eliminate cancer cells (nanotechnology), or customized drugs based on our individual genes.

Computers have also improved the way health care is delivered and health information is stored. The use of computer technology to deliver health care services, education, products, consultation, and information is called *E-Health*.

Applications include *E-prescribing*, which allows patients, physicians and pharmacists to process prescriptions. By eliminating paperwork, patient safety, patient satisfaction, patient education, and patient compliance are improved. Michigan ranks tenth in the nation in the number of prescriptions sent electronically. Another increasing trend is the use of Email to visit your doctor. *E-visits*, which have safeguards to assure patient safety and confidentiality, are greatly increasing efficiency and patient satisfaction. Various electronic media such as the Internet, teleconferencing and computerized medical records allow us to deliver immediate health care information worldwide.

The use of E-Health has become so widespread that the Health Resources and Services Administration (HRSA) has created the Office for the Advancement of Telehealth to advance E-Health practices. Practices that HRSA oversees include:

Electronic Medical Records:

A patient's computerized medical record stored for use by the physician.

Electronic Health Records: An accessible health record that can be shared by the patient, physician, insurers, laboratories and other partners.

Telemedicine: Practices that allow computers to transmit information between providers or between the patient and the health care provider. This may be as simple as two physicians discussing a patient over a webcam or teleconferencing equipment, or as complex as a hospital's continual electronic monitoring of a patient at home through an electronic device worn by the patient. The delivery of health care through email or webcam e-visits, e-prescribing, robotic surgery led by a physician 500 miles away from the patient, long distance consultations, and webcam face-to-face visits with physicians world wide are other forms of telemedicine.



Evidence-Based Medicine: The use of best practices for the treatment of disease based on large amounts of practice data available through the computer, such as through Electronic Health Records.

Consumer Health Informatics: A patient's use of health information available on the world wide web to make informed health decisions, find practitioners, or seek alternative treatments.

The Bureau of Health Professions has convened professional workgroups to evaluate E-health and develop some recommendations. This paper can be found at www.michigan.gov/mhwc under *Professional Practice Activities*.

If you are interested in learning about the exciting new medical technologies on the horizon, be sure to read the Winter 2009 edition of *Public Forum*.

Genes and Environment go Hand in Hand

When the Human Genome Project concluded earlier this decade, it gave scientists an incredible new research tool. Scientists now have at their fingertips the sequence of more than 3 billion base pairs of DNA, which make up the estimated 20,000 to 25,000 genes of the human genome. About the same time, technological advances allowed researchers to rapidly examine hundreds of thousands of small genetic differences that exist between people to identify genes associated with disease. These studies have led to many new discoveries that we hear about every day, such as genes associated with diabetes, heart disease, and other common chronic diseases.

Sometimes, a gene will be associated with a disease in one study, but that finding is not seen in another similar study. This is because our environment - the food we eat, the air we breathe, the medications we take, or even what we are exposed to in the

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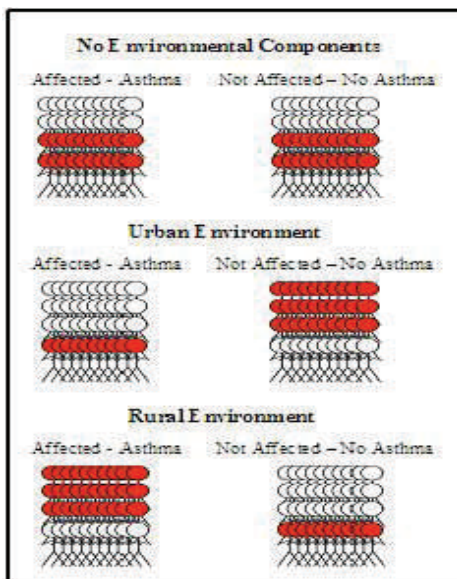
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womb - interacts with our genes to change our risk for disease. A gene which is a risk factor for disease in one environment could actually protect us from that disease in a different environment.

For example, you are studying asthma in children, and looking at a particular gene (gene A). Gene A has two common versions, A_R (stick figures with red heads) and A_W (stick figures with white heads). Each stick figure in the diagram below represents a child.

In the diagram, A_R and A_W are equally distributed among children with and without asthma, so it looks like gene A isn't associated with asthma at all. However, the picture can change when an environmental component is taken into account.

As shown in the diagram below, when children are separated into urban and rural environments, A_W looks like it is a risk factor for asthma, but only for kids living in an urban environment. Conversely, A_R is also a risk factor, but only for kids in rural environments.



This simplified example is based on actual studies¹. The study of how genes interact with the environment is a growing field. Scientists are now looking at these interactions to determine how the things we can't change, our genes, and the things we can change, our environment, work together to determine disease risk

More information about genes and the environment can be found at the Michigan Genetics Resource Center, which can be accessed at www.migeneticsconnection.org. You can learn more about genome-wide association studies at <http://www.genome.gov/20019523>.

DCH staff are available to field questions relating to genetics and can be reached toll-free at 1-866-852-1247. —

¹ Martinez, FD. Gene-Environment interactions in asthma: with apologies to William of Ockham. Proceedings of the American Thoracic Society. 4(1):26-31 (2007).



Medicare beneficiaries can save up to \$3600 on prescription drug costs

The cost of prescription drugs is rising, but if you are on Medicare, you can apply for extra help to pay for your premiums, annual deductibles, and prescription co-payments. If eligible, you can then enroll in a Medicare Prescription Drug plan without paying a penalty. The extra help could be worth \$3,600 per year. If your annual income is below \$15,600 (\$21,000 for a married couple living together), and your resources are limited to \$11,990 (\$23,970 for a married couple living together), you may qualify.

Even if your annual income is higher, you still may be able to get some help. For example, your income may be higher and still qualify if you support other family members who live with you or if there are earnings from work.

Applying for this program is easy. Family members, caregivers and third parties can help.

The most convenient way is to go online at www.socialsecurity.gov/prescriptionhelp. Other options include applying over the telephone at 1-800-772-1213 (TTY 1-800-325-0778) or visiting a local Social Security office.

Information about the Medicare prescription drug plans and special enrollment periods can be obtained by contacting Medicare at 1-800-MEDICARE or www.medicare.gov. If you need help choosing a prescription drug plan, call the Michigan Medicare Medicaid Assistance Program (MMAP) at 1-800-803-7174.

Q&A Clarifications

In the Spring 2008 edition of the Public Forum, the question was about medical records and how long they must be kept by a physician. A dentist asked us to clarify that the administrative rules of the Board of Dentistry indicate that "All dental treatment records shall be permanent and shall be maintained for not less than 10 years from the date of the last treatment provided." All other types of medical records must be maintained for seven years.

In the Winter 2008 edition, a question involved getting copies of your medical records. Part of the answer was that practitioners can charge an "initial fee" of \$21.20 per request for a copy of the record, and then charge an additional amount per page. The law actually states that the "patient" cannot be charged the initial fee. However, an "authorized representative" for the patient can be charged the initial fee. For more information about fee increases for copies of medical records, select the following link: [Consumer Price Index Increase of Medical Records Access Act Fees](#).

Plan First!

Plan First! is an insurance benefit that covers family planning services for women. You are eligible for this insurance program if you:

- Are 19 through 44 years of age
- Are not currently Medicaid-eligible
- Have a family income at or below 185% of the federal poverty level. The Department of Human Services will determine eligibility for this program.
- Live in Michigan
- Meet Medicaid citizenship requirements
- Do not have comprehensive medical insurance

A woman's coverage will continue for as long as the eligibility criteria are met. Program determinations will be completed annually. Family planning services are defined as any medically approved services, including diagnostic evaluation, pharmaceuticals, and supplies for voluntarily preventing or delaying pregnancy.



There are no patient co-pays for family planning services, supplies or pharmaceuticals. Services covered under this waiver include most family planning services, excluding infertility treatment and abortion.

To view a brochure about this important family planning insurance benefit, select the following link:

http://www.michigan.gov/documents/Plan_First_brochure5_1_163972_7.pdf Call 1-800-642-3195 to obtain an application.

What is Genetic Counseling?

As we learn about genetics and the role of genes in health and disease, more families will benefit from **genetic counseling**. Genetic counseling is a supportive educational process aimed at helping patients and their families understand and cope with the risk, or presence of a genetic disorder, birth defect, chronic disease or mental illness.

Genetic counseling patients and their families learn about inheritance and chance of occurrence or recurrence, for their particular condition. They also receive important information about treatment or management, available specialists, testing options and support services.

Clinical genetics professionals include physicians, nurses and master's prepared individuals who have received special training in genetics counseling services. Go to www.michigan.gov/healthcareers for more information.

The genetic counseling process is unique because it combines providing patients with accurate genetic and medical information and offering emotional support.

There are numerous reasons and indications for genetic counseling including:

- Persons or families with history of a genetic condition or birth defect;
- Persons or families with conditions that could be genetic such as learning, vision or hearing impairment; and
- Persons or families with a history of certain cardiac, cancer, psychiatric or neurogenetic adult disorders.

Women planning pregnancy or currently pregnant and over the age of 34, belonging to certain ethnic groups with a higher incidence of particular disorders, concerned about effects of certain exposures on a developing fetus, or who had tests during pregnancy indicating a risk for certain conditions in their developing fetus may also want to seek the advice of a genetic counselor.

MDCH employs several genetic counselors who can provide information about genetic services and education related to birth defects and genetic conditions. The program also maintains a service linking Michigan residents and health professionals to information on topics such as Adult Genetics and Chronic Disease, Birth Defects and Folic Acid, Genes and Environment, Genetic Health Services, Newborn Screening and Support Groups in Michigan. The Michigan Genetics Resource Center can be accessed at www.migeneticsconnection.org.



DEA Website Lists Physician Criminal Cases

The U.S. Drug Enforcement Administration's Office of Diversion Control has a website that lists DEA investigations of physician registrants which resulted in the arrest and prosecution of the registrant. The Office of Diversion Control brings cases against physicians who sell prescriptions to drug dealers or abusers. The DEA is in the process of adding cases dating back to 2003 to the site. To access the website, go to [Cases Against Doctors](http://www.dea.gov/cases_against_doctors).

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Do you find the information contained in this newsletter helpful? If so, sign-up to receive future editions automatically, free of charge (electronically only).

Go to www.michigan.gov/healthlicense and select the *Public Forum Newsletter* link in the *Spotlight* box. It's that easy!



Q & A

QUESTION & ANSWER

Question: Do health professionals have to display their license in their office or place of work?

Answer: Yes, health professionals must display their license according to section [333.16191](#) of the Michigan Public Health Code. This section reads in pertinent part:

“Sec. 16191 (2) A licensee or registrant shall display his or her current certificate of licensure or registration prominently and where visible to the public in the licensee's or registrant's principal place of business, if any.

(4) If a license is limited by a board, the licensee shall display the statement of limitation prepared by the department in the same manner as prescribed for display of the certificate and shall attach the statement to the certificate or display the statement in immediate proximity with the certificate.”

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This newsletter is a periodic publication of the Department of Community Health, Bureau of Health Professions.

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